

CONFINED SPACE ENTRY PERMIT

Date:		Time:		Incident Number:	
Location/Address:					
Responsible Party/Contact Person:				Title:	
Is entry permit available from supervisor or responsible party? ? YES ? NO				MSDS: ? YES ? NO	
# of victims				Time last seen alive:	
Have you secured physical hazards?					
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Temperature
Are there atmospheric hazards? ? YES ? NO			Name of Product(s)		
Vapor or Gas Pre-entry Testing Prior to SFD Arrival					
% O2	% LEL	Tox.(PPM)	CO(PPM)	H2S(PPM)	
SFD Pre-entry readings					
% O2	% LEL	Tox.(PPM)	CO(PPM)	H2S(PPM)	
Person(s) Testing Atmosphere:				Time:	
Meter Number Used:			Is ventilation necessary: ? YES ? NO		
Type of ventilation: ? Positive Pressure ? Negative Pressure			Is this a: ? Rescue ? Recovery		
**Acceptable conditions prior to entry are: >19.5% O2 / <10% LEL / <PEL					
Entry Team		Back-up Team		Attendants	
#1					
#2					
#3					
#4					
Equipment					
<input type="checkbox"/> SCBA/SABA		<input type="checkbox"/> PPE		<input type="checkbox"/> Harness	
<input type="checkbox"/> Communication		<input type="checkbox"/> Pt. Packaging/Extrication		<input type="checkbox"/>	
<input type="checkbox"/> Retrieval System		<input type="checkbox"/> Personal Atmosphere Monitor		<input type="checkbox"/>	
Entrant		Time In		Time Out	
#1					
#2					
#3					
#4					
Time	Oxygen (%)	Flammability (% LEL)		Toxicity (PPM)	

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